



# CG-8 INDIANA ANNUAL BINGO AND/OR PULL TAB LICENSE FINANCIAL REPORT

State Form 45387 (R3/8-06)

INDIANA GAMING COMMISSION

**INSTRUCTIONS:** This report must be filed by the 10th day of the month in which your license expires.

Organization Name (Please type or print)

Street Address of Principal Office (Do not enter a P.O. Box Number)

City

State

Zip Code

County

Organization Telephone Number

( )

Taxpayer Identification Number (TID)

Number of bingo events held during the 12-month accounting period:

Average attendance of each bingo event:

Contact Name

Contact's Telephone Number

( )

License Number

## Report Information

This report should show all financial and accounting activity related to your Annual Gaming License. The accounting period is a 12-month period; the year-end will always occur one month prior to the end of the gaming period. For example, if your license expires 5/31/98, then your accounting period will be from 5/1/97 to 4/30/98. **This financial statement will reflect your organization's accounting period and not the licensing period.**

Enter your accounting period: From \_\_\_\_\_ To \_\_\_\_\_

**NOTE:** You **must** include a copy of your bingo event program (e.g. flyer listing the games at your bingo event) with this financial report. This should include the number of regular and special games and the cost of the game/event.

Have you attached a copy of your bingo event program? Yes ☐ No ☐ If you answered no, attach an explanation.

## Ending Inventory Statement

### Section A

Enter below the ending inventory of your pull tabs, punchboards and tip boards as of the last day of your accounting period. Attach Schedule CG-INV if additional space is needed. **NOTE: Your license cannot be issued unless this information is provided.**

Name of Game	Number of Boxes Remaining	Serial Number of Game	Name of Manufacturer/Distributor

## Income and Expense Summary

### Gross Income

		Dollars	Cents
<b>Income Sources:</b>			
Bingo .....	1.		
Pull Tabs .....	2.		
Punchboards .....	3.		
Tip boards .....	4.		
Raffles .....	5.		
Door Prize .....			
Concessions .....	7.		
Other Gross Income .....	8.		
(Attach itemized sheet or listing)			
<b>Do not subtotal on Line 8.</b>			

### Expenses

		Dollars	Cents
<b>Prizes/Payouts:</b>			
Bingo .....	9.		
Pull Tabs .....	10.		
Punchboards .....	11.		
Tip Boards .....	12.		
Raffles .....	13.		
Door Prize .....	14.		
<b>Supplies and Purchases:</b>			
Bingo Game Supplies .....	15.		
Pull Tabs, Punchboards, and Tip Board Purchases .....	16.		
Other Purchases (daubers, t-shirts, lucky trolls, etc.) .....	17.		
<b>Miscellaneous Expenses:</b>			
Rent to Independent Lessor .....	18.		
Rental of Tangible Personal Property (i.e. chairs, tables, roulette wheel, bingo blower, etc.)	19.		
Advertising .....	20.		
Concessions .....	21.		
Other Gaming Related Expenses (Attach itemized sheet if necessary. Place total only in box 22.)			
_____			
_____			
_____			
<b>Total Expenses:</b> Add Lines 9 through 22. Enter here and on Line B of Section B .....	22.		
	23.		

### Section B

#### Totals

<b>Total Gross Income</b> *add Lines 1-8.. *This amount will be used to calculate your fee.	A		
<b>Total Expenses</b> from Line 23 .....	B		
<b>Total net proceeds available for charitable purposes</b> (A minus B) ...	C		

\*\*\*Do not alter lines on this form.

The following is considered Bingo Income: Hotball, Pickle Jar, Cookie Jar, etc.

The sales of daubers or other retail sales should be listed on Line 8. (Please list sources)

<b>Charitable Contributions Information</b> <b>These amounts must have been earned from your Charity Gaming proceeds.</b>						
					Dollars	Cents
24. Net proceeds from Line C of the Income and Expense Summary, Section B, page 2 .....					24.	
25a. Amount from Line 24 <u>distributed</u> for charitable purposes .....					25a.	
These contributions <u>must</u> be made to organization(s)/individual(s) other than your own. Details of these contributions need to be reported on Schedule CG-DIST.					<div style="display: flex; justify-content: space-between; padding: 5px;"> <span>25a.</span> <span></span> </div> <div style="display: flex; justify-content: space-between; padding: 5px;"> <span>25b.</span> <span></span> </div> <div style="display: flex; justify-content: space-between; padding: 5px;"> <span>25c.</span> <span></span> </div> <div style="display: flex; justify-content: space-between; padding: 5px;"> <span>26.</span> <span></span> </div>	
b. Amount from Line 24 <u>retained for and/or spent on your organization</u> .....						
These funds must have been used for the lawful purpose of your organization.						
c. Add the amounts from Lines 25a and 25b and enter total here .....					25c.	
26. Undistributed balance ( <i>Line 24 minus Line 25c</i> ) .....					26.	

  

<b>Manufacturer and Distributor Information</b>					
List the manufacturer(s) and/or distributor(s) from whom you purchased bingo supplies, pull tabs, punchboards, and/or tip boards. Attach additional sheets if necessary.					
Name	Address	City	State	Zip Code	License Number

  

<b>Financial Information</b>			
Where are the charity gaming financial records maintained?			
Address			
City	State		Zip Code
Name, address, and telephone number of the person maintaining these records. ( <i>This individual must be listed as an operator on the form CG-2R.</i> )			
Name			
Address			
City	State	Zip Code	Daytime Telephone Number (     )
Organization's Banking Information ( <i>Attach additional sheets if necessary.</i> )			
Name of Bank			
Street Address			
City	State	Zip Code	County
Name of Account	Account Number	Type of Account (checking, savings, CD)	
Name of Gaming Account	Account Number	Type of Account (checking, savings, CD)	

## License Renewal Fees

If you are not renewing your annual bingo license, no fee will be due. However, this report must be filed with the Commission within ten (10) days after the expiration date shown on the license.

You must pay a renewal fee if you want to renew your organization's annual license. This fee is based on the gross income from your gaming events and related activities. Failure to provide this information will result in delays in licensing.

Enter the Total Gross Income from Line A of Section B on page 2 of this form .....

\$

**If the amount on Line A of Section B is:**

**At least**

**But Less Than The renewal fee is:**

\$ 0	\$ 15,000	\$ 50
\$ 15,000	\$ 25,000	\$ 100
\$ 25,000	\$ 50,000	\$ 300
\$ 50,000	\$ 75,000	\$ 400
\$ 75,000	\$ 100,000	\$ 700
\$ 100,000	\$ 150,000	\$ 1000
\$ 150,000	\$ 200,000	\$ 1,500
\$ 200,000	\$ 250,000	\$ 1,800
\$ 250,000	\$ 300,000	\$ 2,500
\$ 300,000	\$ 400,000	\$ 3,250
\$ 400,000	\$ 500,000	\$ 5,000
\$ 500,000	\$ 750,000	\$ 6,750
\$ 750,000	\$ 1,000,000	\$ 9,000
\$ 1,000,000	\$ 1,250,000	\$ 11,000
\$ 1,250,000	\$ 1,500,000	\$ 13,000
\$ 1,500,000	\$ 1,750,000	\$ 15,000
\$ 1,750,000	\$ 2,000,000	\$ 17,000
\$ 2,000,000	\$ 2,250,000	\$ 19,000
\$ 2,250,000	\$ 2,500,000	\$ 21,000
\$ 2,500,000	\$ 3,000,000	\$ 24,000
\$ 3,000,000	\$ -----	\$ 26,000

☐ **Check this box if you are not renewing your annual license.**

Enter the amount of  
your renewal fee .....

\$

If you are renewing your bingo license, you must send this amount with this form along with a completed Form CG-2R. Make your check from your gaming account payable to: Indiana Gaming Commission.

## Signature and Notary Statement

Under the penalty of perjury, I have examined this report and, to the best of my knowledge and belief, it is true, complete and correct. I also have attached charitable contribution listing, Schedule CG-DIST, if applicable.

\_\_\_\_\_  
Signature of Presiding Officer

\_\_\_\_\_  
Date

( )

\_\_\_\_\_  
Daytime Telephone Number

Subscribed and sworn to before me, a Notary Public in and for \_\_\_\_\_ County, State of Indiana,  
this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_.

\_\_\_\_\_  
Notary Public, Written Signature

\_\_\_\_\_  
Notary Public, Printed Name

My Commission Expires: \_\_\_\_\_

County of Residence: \_\_\_\_\_

Mail the completed report with all attachments and the remittance for the renewal license to:  
Indiana Gaming Commission, Charity Gaming Division  
115 W. Washington St., Suite 950  
Indianapolis, IN 46204-3408  
**Do Not Send Cash**